

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/06/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  02/04/2014
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to have self-closing doors in hazardous areas.</p> <p>The findings include:</p> <p>Observation on February 4, 2014 between 1:00 p.m. and 2:00 p.m. revealed the following doors to laundry and storage rooms that were over 50 square feet with combustible materials were not self-closing:</p> <ol style="list-style-type: none"> <li>1. Room 210</li> <li>2. Room 211</li> <li>3. Room 212</li> <li>4. Room 213</li> <li>5. Front entrance door into laundry.</li> </ol> <p>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on February 4, 2014.</p>	K 029	<p>K 029</p> <ol style="list-style-type: none"> <li>1. It is the policy of Life Care of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to assure that storage rooms that were over 50 square feet are self-closing. On 2/14/14 Maintenance Director installed door closures on rooms 211, 212 and laundry door. Rooms 210 and 213 were made back to resident rooms and are no longer storage rooms.</li> <li>1. Audit completed by Maintenance Director to ensure no more door closures were required on 2/14/14.</li> <li>2. Maintenance Director will audit building monthly for door closures for three months to ensure compliance.</li> <li>3. Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.</li> </ol>	3/15/14	
K 062 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p>	K 062	<p>K 062</p> <ol style="list-style-type: none"> <li>1. It is the policy of Life Care of Copper Basin to</li> </ol>	3/15/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/06/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  02/04/2014
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	<p>Continued From page 1</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system.</p> <p>The findings include:</p> <p>Observation on February 4, 2014 at 11:30 a.m. and 1:55 p.m. revealed the following:</p> <ol style="list-style-type: none"> <li>3 of 6 sprinkler heads in the front lobby have not been updated to quick response sprinkler heads.</li> <li>The laundry room has 3 of 3 sprinkler heads tarnished/corroded.</li> </ol> <p>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on February 4, 2014.</p>	K 062	<p>comply with NFPA 101 LIFE SAFETY CODE STANDARDS to ensure that automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. Sprinkler heads have been ordered and will be installed to bring the front lobby heads up to date to quick response sprinkler heads. Sprinkler heads for the laundry room have also been ordered and will be installed at the same time. This is expected to be done by March 15, 2014.</p> <ol style="list-style-type: none"> <li>Audit completed by Maintenance Director to ensure all sprinkler heads were compliant 2/5/14.</li> <li>Maintenance Director will audit sprinkler heads monthly for three months to ensure compliance.</li> <li>Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.</li> </ol>		
K 067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by:</p>	K 067	<p>K 067</p> <ol style="list-style-type: none"> <li>It is the policy of Life Care of Copper Basin to comply with NFPA 101 LIFE SAFETY CODE STANDARDS to assure that heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specification. We have contacted and scheduled with our AC</li> </ol>	3/15/14	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/06/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445310	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  02/04/2014
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 165 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 067	<p>Continued From page 2</p> <p>Based on record review and interview, the facility failed to conduct their 4-year fire damper maintenance.</p> <p>The findings include:</p> <p>Record review and interview with the maintenance supervisor on February 4, 2014 at 9:30 a.m. revealed no documentation was provided showing that the 4-year fire damper maintenance has not been conducted.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on February 4, 2014.</p>	K 067	<p>contractor to conduct the maintenance. This is expected to be completed by March 15, 2014.</p> <p>2. Audit completed by Maintenance Director to ensure all fire dampers have been located on 2/14/14.</p> <p>3. Maintenance Director will audit fire damper documentation monthly for three months to ensure compliance.</p> <p>4. Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.</p>		